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Navy & Marine Corps Medical News  
MN-99-27  
July 9, 1999

This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

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Headline: Confusion causes anthrax flap

By Jim Garamone, American Forces Press Service

WASHINGTON -- A misreading of a routine contracting procedure caused a spate of news stories June 29 that questioned whether DoD's anthrax vaccine is safe. Army and DoD officials issued statements clarifying the contract provision and reassuring service members and their families that the vaccine is safe.

The news stories said Army Secretary Louis Caldera signed a document in September 1998 that agrees to shift product liability risks from vaccine maker BioPort Corp. to the government. In other words, potential litigants would sue the government, not BioPort.

"We do this in lieu of the company having to buy insurance," said Lt. Col. David Stockwell, Caldera's spokesman. The Army is the executive agent for the anthrax

vaccination program.

In a written response to the news coverage, Caldera called the legal relief a "standard indemnification clause." He said it would "ensure a continuous supply of anthrax vaccine to America's soldiers without exposing BioPort to a level of product liability risk which might cause the company to cease production of this sole-source vaccine for fear of open-ended legal claims."

Pentagon spokesman Ken Bacon said DoD does not expect lawsuits and likened indemnification to insurance. "We all buy insurance for things we don't anticipate will ever happen, such as fire insurance for houses or libel insurance for newspapers," he said during a June 29 press conference. "This was [BioPort] seeking a type of insurance, indemnification from suits, should they arise." Bacon said everything about the Food and Drug Administration-approved vaccine shows it is "incredibly safe." Evidence includes the results of supplemental DoD-ordered tests done by a private company, he noted.

"There have been 79 adverse reactions out of nearly 900,000 shots given so far," Bacon said. "This is a lower adverse reaction rate than in the [diphtheria, polio, tetanus] vaccine that all our children have received." He called the newspaper article that initially caused the confusion a disservice to a program designed to protect American service members from a biological warfare threat with a 99 percent fatality rate.

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Headline: Green men measure radio frequency energy absorption

By Doris Ryan, Bureau of Medicine and Surgery

WASHINGTON - It isn't that flight deck personnel don't have enough to worry about during a day's work on the "roof" of an aircraft carrier. Now, in addition to the dangers of launching and recovery of aircraft, comes the potential danger of becoming a conduit for high frequency energy absorption.

Flight crews touching metal surfaces are perfect conduits for the radiated high radio frequency energy commonly used in ship-to-ship communications. Planes parked on the flight deck re-radiate the energy. Aboard ship, exposure to RF energy is usually not noticed or acutely sensed by busy flight deck personnel. But sometimes, when touching an aircraft parked near a transmitting antenna, a warming sensation similar to that felt from strong sunlight or engine room heat is felt in the wrists and ankles.

To study RF energy absorption, a land-base project simulates carrier conditions as part of research efforts at the Naval Health Research Center Detachment at Brooks AFB in San Antonio, Texas. According to Dr. Richard Olsen, who is a biomedical engineer and the principal investigator on the research project, "Access to an actual aircraft carrier

during operations to measure exposure is nearly impossible. Previously, only estimates were available. The results of this study will provide actual measurements under highly realistic conditions."

To do this, Olsen's team of biomedical engineers is studying how wavelength, body size and body shape determine absorption. They use full-scale anatomically based "green men". These life-sized figures weigh 154 lbs. and are filled with nontoxic ground up polyethylene, salt, cold water and a protein-based gelling agent.

Olsen said, "The green man model takes on the size, weight and shape of a typical sailor. It is composed entirely of a water-based material that resembles the body's high-water-content tissues such as muscle, brain and blood. Human size and shape are needed to properly interact with the shipboard radiated frequencies and with full-size aircraft. Thermal probes that do not interfere with RF radiation are inserted into the model to measure localized RF-induced heating."

The green men are placed near a Navy F/A-18 test aircraft that is permanently tethered to a ground plane designed to simulate an aircraft carrier flight deck. The test aircraft is an F/A-18 Hornet from El Toro, Calif., Marine Corps Air Station.

"Our outdoor irradiation system physically resembles a carrier's flight deck in many ways," Olson said. "We use an actual transmitting antenna from a ship mounted on the edge of our ground plane similar to a carrier's deck-edge high frequency antennas. Our transmitting power is the same as aboard ship. We position the green man model at various locations around the aircraft and expose it to various frequencies that simulate the normal activities during flight operations.

"The model is dressed in clothing and work boots. Any RF-induced warming will be representative of 'real-world' flight deck conditions. We expect to show a high degree of radiation safety in typical operational scenarios. The results of this research will ultimately provide additional protection to flight deck personnel."

The laboratory's researchers look for ways to improve fleet occupational safety and health, Olsen said. He said at Brooks Air Force Base, the Detachment's research projects focus on the biological effects of non-ionizing radiation over an extremely wide frequency spectrum, from a few Megahertz to nearly one hundred Gigahertz.

The increasing use of electromagnetic energy in the Navy environment includes wave communications, electric propulsion, and directed energy weapons. Olson said developing solid research-based knowledge of the biological effects would keep the Navy on the leading edge of technology use consistent with realistic safety and health considerations.

For more information on research conducted at the NHRC detachment, visit the web site at

<http://www.brooks.af.mil/NHRC/nhrc.htm>

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Headline: Navy medical teams support Operation MEDCEUR '99

By JO1 Karin R. Burzynski, Combined Public Information Center

ADAZI RANGE, Latvia -- Military members from Latvia, Lithuania, Estonia and the U.S. arrived June 26 and 27 at the Adazi Training Center, 45 minutes from Latvia's capital Riga, for two weeks of joint medical and civil assistance training.

Nearly 200 American military members are joining almost 100 doctors and medical specialists from the Baltic countries in The Medical Exercise in Central and Eastern Europe or - MEDCEUR '99 - the fifth of its kind with the host country changing yearly.

U.S. military members participating include Navy nurses, doctors and corpsmen from U.S and European commands, U.S. Air Force and U.S. Army Europe and disaster management and humanitarian assistance specialists.

CDR Ted Glenn, American co-commander of MEDCEUR '99 is Commander Naval Forces Europe's representative for the exercise. "This is an important exercise," said Glenn, "Although this is a relatively small exercise, there's a lot of value in our engagement with contacts and focus units."

The Baltic nations are important allies and key to stability in the area, said LCDR George Driscoll, acting American co-commander. "Peacetime engagement activities by our forces demonstrate commitment, improve collective military capabilities, promote democratic ideals, enhance regional stability and promote the spirit of cooperation."

Latvian MEDCEUR'99 Co-commander Lt. Col. Normunds Aizpurs, said through an interpreter he was impressed with the organization of the exercise. "Everyone is thinking ahead and is focused on the goal - even when there are minor obstacles to overcome everyone is still working toward the goal," Aizpurs said.

Since military forces are increasingly being called on to conduct humanitarian assistance operations exercises such as MEDCEUR '99 allow nations to practice these skills before they are needed, said Driscoll. "An actual humanitarian crisis should not be the first time these forces work together."

The first phase of the exercise involves joint training in the classroom on emergency medical procedures, cardiopulmonary resuscitation, and preventive medicine as well as moulage application -- injury simulation painting. On Monday, the first day of the exercise, medical nurses and corpsmen gathered at Pauls Stradina Universitate in Riga for humanitarian and disaster preparedness training. American instructors provided instruction in English with projected presentations in both English and Russian - a common language for Latvians, Estonians and Lithuanians.

American medical training coordinator Lt. Debra Duncan said the training is going smoothly. Latvian medical training coordinator, Maj. Alnis Dambergs agreed and said the training will help the Latvian people, "The level of the lecture is very high," Dambergs said.

The practical application of lessons learned in the classroom will be put to the test with a mass casualty drill of a simulated civilian airplane crash. The drill conducted during the end of the exercise will include disaster response, triage, field anesthesia, shock and disaster-unique medical problems.

The Chairman, Joint Chiefs of Staff approved the exercise in the spirit of Partnership for Peace through the development of a common understanding and coordination of medical and engineering operations among the U.S. and the Baltic nations and is being funded by Latvia and the U.S.

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Headline: Corpsman wins first Congressional Gold Award  
By Dana Rayl West, DON Manpower and Reserve Affairs

WASHINGTON -- Hospital Corpsman 3rd Class Krystal Kidd recently became the first recipient of the Congressional Gold Award, which was created by Congress to recognize and honor young Americans for positive, character-forming experiences.

The non-competitive program, open to all interested and motivated young people, showcased Kidd's achievements and service to her community, including beach clean-ups, graffiti wipe-out operations, and volunteer services at the Corpus Christi, Texas Women's Shelter.

Kidd completed hundreds of hours of voluntary public service, personal development and physical fitness. She received her award, along with the 16 other recipients, in the Statuary Hall of the U.S. Capitol. ABC news personality Cokie Roberts served as the master of ceremonies at the award ceremony, which was attended by the Senate majority and minority leaders, as well as several other members of Congress.

The Congressional Gold Award promotes leadership development, senior-junior mentoring, goal setting and achievement among first-term Sailors and junior officers. Registration is open to Navy active duty, reserve, civilian and family members. An adult advisor, chosen by the individual, helps participants in the program set challenging but achievable goals in the four program areas: voluntary public service, personal development, physical fitness and expedition/exploration.

Bronze and Silver Congressional Awards are presented locally or at the state level. For the bronze award, the minimum age to register is 13 years and 5 months; for the silver award, the minimum age is 16, and for the gold award, the minimum age is 18.

Contact your facility or command community service volunteer coordinator for more information about the

program.

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Headline: Marines show appreciation for dental support

By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON--The Marine Corps dedicates many hours to training Marines and teaching them to fight. After all that effort, the Corps does not want to lose a hard-charging Marine because of an infected tooth. To show its appreciation for helping the Corps maintain dental readiness, the Marine Corps Association presents the LTJG Weedon E. Osborne Award annually, which honors a dental officer who exhibits superior leadership while serving with Fleet Marine Forces (FMF). Osborne received the Medal of Honor posthumously for service in World War I.

This year's recipient is LT Steven A. Reese, DC, who is assigned to 3d Dental Battalion, 3d Force Services Support Group. Reese's citation said he provided "inspirational leadership and technical expertise that contributed significantly to the operational readiness of the 3d Force Services Support Group.

The Corps also recognizes a dental technician that made extraordinary contributions to Corps dental readiness with the Dentalman Thomas A. Christensen, Jr. Award. Christensen was awarded the Silver Star posthumously for service in the Korean conflict.

This year's Christensen Award winner is Dental Technician Third Class Robert J. Schultz, who is assigned to 3d Dental Battalion, 3d Force Services Support Group. Schultz's award said that his contributions were instrumental in improving the operational readiness of supported Marine units.

Reese and Schultz were selected from a list of nominees from around the Marine Corps. Bravo Zulu to Reese and Schultz for a Job well done and to all nominees who have performed commendably in support of the Navy-Marine Corps team.

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Headline: Lemoore tests its preparedness with disaster drill

By LCDR Maureen E. Duckworth, MSC, Naval Hospital Lemoore

Lemoore, Calif. - A plane crashing into an event crowded with 80,000 spectators was the setting for the biggest disaster drill in the history of Naval Air Station Lemoore. In the San Joaquin Valley of central California, May 11, Naval Hospital Lemoore led a multi-departmental disaster drill that included the base fire department, security, hazardous materials teams, public works and search and rescue, among others. The civilian contingent included the American Red Cross, the tri-county emergency medical service and 14 hospitals.

Nearly 150 'casualties' were moulaged with artificial wounds and pre-positioned around the airfield. More than

170 fire and medical rescue personnel were called to handle the 'disaster'.

The leader of the medical response was CDR Billy Redmond, MC, of Naval Hospital Lemoore, who directed triage and communicated with medical teams, transportation coordinators, fire fighters and security personnel. Patients were transported by helicopter, ambulance and bus to 14 local hospitals under the direction of the tri-county emergency medical services. Each hospital accepted and treated the victims as an extended part of the disaster drill.

The planning for this event was extensive. Materials for all aspects of the drill were collected (outdated medical supplies were used) and participation was coordinated over a three county area. Approximately 140 military staff members of Naval Hospital Lemoore were mobilized.

Twelve moulage artists were taught by Hospital Corpsman Third Class Bart Daugherty to apply realistic wounds. These 'injuries' were applied to 150 victims in less than 2 hours. The receiving hospitals were impressed with the remarkable realism of the wounds. Many civilian hospital staff remarked that the quality of the moulage was far and above any they had ever seen. This whole process was very important to the hospitals because they were able to complete disaster training as required by the Joint Commission on Accreditation of Healthcare Organizations.

The event went from the 8:30 a.m. crash to the 5 p.m. return of the last casualties to the base from their civilian hospital care. And this event was not without its irony. One bus, in the middle of its run to pick up 'treated casualties', caught fire. Approximately 23 staff members, most wearing realistic looking wounds, were stranded at the side of a highway awaiting a replacement bus.

Not only did the crews get the opportunity to practice disaster preparation, there were also valuable lessons learned from the process. Those lessons included providing adequate telephone banks to handle massive communications requirements, preparing civilian emergency medical services for working with large numbers medical personnel, having means to identify key players during emergencies and working with civilian communications organizations to acquire additional communication assets and personnel to track patients.

Camaraderie and open communication throughout the community, both civilian and military, was tremendous. There was a real sense of teamwork throughout the event.  
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HEADLINE: Navy surgeon general visits Great Lakes  
By LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. - As part of his staying in touch with

the Naval Medical teams around the world, the Navy's surgeon general recently visited medical and dental facilities at the Navy's only recruit training center at Great Lakes, Ill.

VADM Richard Nelson, accompanied by the Medical Department's Force Master Chief (SW) Mark Weldon, saw how well the Great Lakes medical and dental facilities were caring for young men and women headed for the Fleet.

"It has been ten years since I last visited Great Lakes; it has undergone rapid growth and an updating of facilities," Nelson told an all-hands medical personnel gathering at the base theater. "This is indicative of how the chief of naval operations views this base and the important role it plays in bringing aboard new Sailors to the Fleet and Navy."

During his visit to the medical facilities at Great Lakes, Nelson visited various departments such as the TRICARE Service Center, branch medical clinics, hospital corpsman schools and the Naval drug screening center among other stops.

CDR Linda Linenger, MSC, of the Naval Drug Screening Lab, described the process for sampling thousands of urine samples and explained how the equipment is used to produce highly accurate results for detecting illicit drugs.

While visiting the USS Red Rover Branch Medical Clinic, CAPT Elaine Holmes, MC, commanding officer of Naval Hospital Great Lakes explained to her visitors how 360 selective reserve recruits were medically processed onto active duty for service in Europe and the Balkans. But while at Great Lakes, Nelson, and Weldon, did more than just visit facilities. They had the opportunity to converse with recruits who shared their motivation for becoming Sailors and their future plans in the Navy.

At the Naval Hospital Corps School, Weldon shared his Navy medical experiences with the hundreds of men and women studying to be the Navy's newest corpsmen. He explained the opportunities that await them after putting on a caduceus and described programs that will further their education and perhaps provide a chance at being commissioned.

"It is taking hard jobs that get you promoted, accepting challenges and continuously finding ways to better yourself through education [that make a successful Navy career]," said the Master Chief Hospital Corpsman.

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Headline: Anthrax question and answer

Question: The anthrax vaccine was administered to personnel deployed in the Gulf War. Has the anthrax vaccine been linked to illnesses among Gulf War veterans?

Answer: No. Several national scientific groups, including the National Academy of Sciences, have addressed this issue and have found no evidence to link the anthrax vaccine with illnesses among Gulf war veterans.

For more information visit the DOD anthrax vaccine information web page at <http://www.anthrax.osd.mil/> or the Navy anthrax web pages at <http://www.chinfo.navy.mil/navpalib/anthrax.html> and <http://www-nehc.med.navy.mil/prevmed/anthrax/anthxfor.htm> -USN-

Headline: TRICARE benefit expanded to include cancer prevention trials

From Office of the Assistant Secretary of Defense (Health Affairs)

WASHINGTON, D.C.-The Department of Defense has become a wellness pioneer by offering leading-edge cancer prevention programs to its beneficiaries. Through an expanded interagency agreement that became effective June 21, 1999, military beneficiaries will be able to participate in National Cancer Institute (NCI) cancer prevention trials as a TRICARE benefit.

According to Dr. Richard Klausner, Director of the National Cancer Institute, "Because this is the first time a health plan has agreed formally to provide coverage for patients to participate in cancer prevention trials, this agreement will become a model for providing access to the best available health care for people, while ensuring that cancer research can continue to make progress."

Dr. Sue Bailey, assistant secretary of defense (health affairs) and Klausner will formally announce the interagency agreement at a Pentagon ceremony on July 23, 1999.

The Department of Defense and the National Cancer Institute first combined forces in 1996 with an agreement known as the DoD/NCI Cancer Clinical Trials Demonstration Project, which allowed military beneficiaries with cancer diagnoses to participate in Phase II and Phase III treatment studies sponsored by the National Cancer Institute.

Nearly 12,000 military health system beneficiaries are diagnosed with cancer each year.

"To underscore our commitment to wellness and prevention, we feel we must provide reimbursement for both prevention and treatment clinical trials that offer some of the most promising advances in cancer research," said Dr. Bailey. "For some TRICARE beneficiaries with an increased risk of developing cancer, the expanded DoD/NCI Clinical Trials Demonstration Project offers new choices to minimize chances of developing cancer. It is another way to help keep our troops and their families healthy."

Clinical trials are research studies in which people help doctors find ways to improve health and health care. In cancer prevention trials, participants take medicines or supplements, or take part in certain activities that doctors believe may lower their risk of developing cancer.

Since the beginning of the first demonstration project, selected DoD patients have been reimbursed through

TRICARE/CHAMPUS for their participation in Phase II and Phase III NCI-sponsored cancer treatment clinical trials. Phase II trials provide preliminary information about the anti-cancer effects of drugs or prevention agents; and Phase III clinical trials compare promising new cancer treatments or prevention strategies against the most current standard of care.

Phase I trials, which are undertaken to establish toxicity of new drugs or to evaluate more experimental or aggressive interventions, are most frequently offered to patients who have not responded to standard treatment. Due to the highly experimental nature of Phase I trials, TRICARE/CHAMPUS currently does not provide coverage for these studies.

Dr. Bailey said, "We feel we have a responsibility to participate in the appropriate evaluation of improved approaches for DoD patients with cancer, and those at risk for cancer. This agreement will give us access to some of the most promising advances in cancer research through NCI-sponsored clinical trials throughout the country. Our beneficiaries will have the chance to take part in the evaluation of emerging new strategies that have significant promise for the prevention and successful treatment of cancers, without the added worry of related costs." Eligible beneficiaries include active duty personnel, TRICARE-eligible retired service members and their families. Active duty personnel may participate in these trials at military treatment facilities. Patients are cared for in the same facilities where standard care is provided. These include more than 2,000 sites throughout the United States, such as military hospitals, clinics, cancer centers, community hospitals, and doctors' offices. Patients enrolled in a clinical trial at a military clinic or hospital receive all their outpatient care free of charge. TRICARE Prime enrollees (except active duty) who are referred outside the MTF to receive their care are responsible for normal co-payments even if the provider is not in the TRICARE network. For family members using TRICARE Standard/Extra, all normal deductibles and co-payments apply.

The decision to participate in an NCI-sponsored prevention trial will be made between the patient and his or her doctor. The physician will contact a DoD/NCI demonstration project coordinator to obtain pre-authorization before an initial evaluation, and will enroll the patient in a trial, if appropriate.

The coordinator will help them locate prevention and early detection trials covered by the program and provide any other necessary authorizations for trials held outside a military treatment facility. In some cases, the patient's own doctor or specialist can administer certain parts of the trial.

All medical care and testing required to determine eligibility for an NCI-sponsored prevention trial will be

provided or reimbursed by DoD. For more information about cancer prevention, early detection, or treatment trials covered by the DoD/NCI demonstration, contact the NCI Cancer Information Service, 1-800-4-CANCER (1-800-422-6237); or the Demonstration Coordinator, 1-800-779-3060. Or visit the websites at <http://www.tricare.osd.mil/cancertrials/> or <http://cancertrials.nci.nih.gov>. Also, contact TRICARE communications and customer service at (703) 681-1775.

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Headline: TRICARE question and answer

Question: As a retiree enrolled in TRICARE Prime, does my enrollment transfer to the new region if I move?

Answer: As a retiree you will be allowed to disenroll and re-enroll twice during the same year. The caveat is that you re-enroll to the original region (i.e. disenroll in region 1 and enroll to region 3 then disenroll in 3 and re-enroll back to region 1). You will be covered for emergency care under Prime from your original region while in route to the next region.

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Headline: Healthwatch: Tobacco use still too high, health survey reveals

By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- A 1998 survey of health behaviors among active duty service members reveals DoD hasn't cut smoking rates as low as it would like.

Smoking levels dropped just 2 percentage points from the 32 percent level reported in a similar survey conducted three years earlier. Although DoD medical departments continue to propagate smoking cessation programs, a senior health care leader said the medics can't do it alone.

"I think we really need to involve the entire military community," said John Mazzuchi, deputy assistant secretary of defense for health affairs clinical and program policy. Tobacco use is just one of many health-related behaviors the survey looked at, but it continues to be one of DoD's top health concerns, particularly from a military readiness perspective.

"Smokers are at sick call more than people who are not smoking," Mazzuchi said. "They're not as physically fit, not as able to do all the physical demands on the job when they smoke cigarettes."

Not all military medical facilities offer proven smoking cessation therapy, such as nicotine patches, Mazzuchi said. He'd like to see that change.

"Literature shows that using nicotine replacement therapy, coupled with counseling, is the best way of getting people to stay off cigarettes," he said. "So DoD is examining very carefully how to make that benefit more uniform across our entire military health care system."

"Almost two-thirds of our smokers say they'd like to quit, but many of them have tried and been unsuccessful."

We need to do a better job of helping them."

DoD began conducting the health behavior survey in the early 1980s, when officials were alarmed about allegations of illicit drug use by service members. Since then, active duty service members have been surveyed for their life styles and health habits about every three years.

Mazzuchi said the department by 1995 had seen marked decreases in bad health habits like drug and alcohol abuse and tobacco use. He attributed the success rates to policies such as random urinalysis programs that backed up and enforced abstinence and reduction messages.

The latest survey shows that illicit drug use has dropped from 27.6 percent in 1980 to 2.7 percent in 1998. During the same period, heavy drinking (five or more drinks at least once a week) declined from 20.8 percent to 15.4 percent, and cigarette smoking fell from 51 percent to 29.9 percent.

"The surveys provide DoD with valuable information about why people do what they do, so we can develop measures to help them and tailor our education programs to meet their needs," Mazzuchi said.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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